KANSAS REAL ESTATE APPRAISAL BOARD

EDUCATION APPLICATION

(This form is to be used by applicants who intend to secure their experience unlicensed or who have already met their experience requirement.)

For Board Use Only					
Application/License #:	Date Approved:				
Application Fee: \$	Cash/Check	☐ Charge			
Deposit Date:	Processed By:				

		KANSAS REAL ESTATE APPRA		
☐ STA	ATE LICENSE	RESIDENTIAL CLASSIFICAT	ION	GENERAL CLASSIFICATION
Answer accom Apprais	rs must be typed or printed clearly pany this application. Submit this sal Board, 1100 S.W. Wanamaker Ro	in ink. All questions must be an application along with the applicadd., Ste. 104, Topeka, KS 66604.	swered. A nonrefution fee and supporti	Office for the appropriate application. Indable application fee of \$50 must Ing documents to: Kansas Real Estate
	TES A "REQUIRED" FIELD. INCOMPLETE			
1.*	Full Name: Last	First		Middle
2.*	Social Security Number: Your social security number is require enforcement purposes or provided to maintained by the Appraisal Subcomm	the Kansas Director of Taxation up	on request. The last	4-139, and may be used for child support six digits will be provided for the registry il pursuant to federal law.
3.*	Residence Address:			
	City:	State:	Zip Code:	County:
	Mailing Address:			
	City:	State:	Zip Code:	
1.*	Business Name:			
	Business Address:	ess is shown, the applicant's residence address	s will be used as their busing	ess address
				County:
5.*	Business Phone:()			ne: <u>(</u>)
	Fax No.:()	E-Mail Addres	ss:	
S.*	Date of Birth: /	1	7.* Sex:	☐ Male ☐ Female
3.*	Have you ever been known by any If "yes", list all names or aliases by	,	•	☐ Yes ☐ No
9.	Do you now, or have you in the pa	st, held an appraiser's license/cer	tificate in the State o	of Kansas?
	☐ Yes ☐ No If "yes", provide	the license/certificate number:		
10.	Do you now or have you been lice	nsed or certified as an appraiser i	n any state other tha	n Kansas within the last five years?
	•		•	states:
		- J	J	

11.**			or held yourself sed or certified to		g licensed	or certif	fied to	practic	e real	estat	е ар	praisa	al in ai	ny sta	ate when
	☐ Yes	☐ No													
12.**	Have you ever h	nad an app	olication for a pro	ofessional o	or occupati	onal lice	nse o	r certific	ation o	denie	d in 1	this o	r any c	other	state?
	☐ Yes	☐ No													
13.**			ion, suspension I license or certi			ary actio	n take	en by the	e state	of K	ansa	as or	any ot	her ju	ırisdictior
	☐ Yes		(If yes, attach a ent or order that				ets for	th the al	legatio	ons a	nd a	ny se	ttleme	nt	
14.**			icted of a crimin											her th	an mino
	☐ Yes	☐ No	(If yes, provide of the charges	the date, o	offense or posticition	pending on, sente	charg encing	e, court g and an	and ca y relea	ase n ase fr	umb om p	er, ar oroba	nd atta tion or	ch a d	copy le.)
15.**	Has a final civil financial misrep	judgment resentatio	been entered a n or deceit in the	gainst you e making of	or a comp any appra	any own	ed in	whole operty?	or in pa (See I	art by K.S.A	you 58-	, on t 4118	he gro (a)(12	ounds))	of fraud
	☐ Yes	☐ No	(If yes, provide	the date, c	court and c	ase num	nber a	nd attac	h a co	py of	the	settle	ment o	or jud	gment.)
16.**	Do you currentl denial?	y have an	application for	an appraisa	al license	or certifi	cate ii	n Kansa	s or a	ıny ot	ther	state	pendii	ng ap	proval o
	☐ Yes	☐ No	(If yes, provide	the name	of the state	e and lice	ense t	ype.)							
I hereby	y attest that the fo	regoing st	atements are tru	ue and corre	ect to the b	est of m	ıy kno	wledge.							
Date Si	aned	<u> </u>			Signatur	of Anni	licant								
Date Si	gned				Signatur	э ог дррг	iicani								
									1				1	_	
	☐ VISA		MASTERCARD											_	
	EXPIRATION:	Month	YEAR:			AMOUN	r of Ch	HARGE: \$							
	PRINT CARDHOLDER'S NAME CARDHOLDER'S SIGNATURE														

** IF ANSWERED "YES", APPLICANT MUST ATTACH A DETAILED EXPLANATION AND/OR SUPPORTING DOCUMENTATION.

APPRAISAL PRE-LICENSE EDUCATION

Attach a course completion certificate (or copy) for each course.

Courses taken after 07/01/1996, must be approved by the Kansas Real Estate Appraisal Board. Courses taken prior to 07/01/1996, will be reviewed individually to be sure the course meets the pre-licensing education requirements. **Be sure that the education was taken within the time frame specified in K.A.R. 117-2-1, 117-3-1 or 117-4-1.**

Course Provider	Course Name	# OF HOURS (MINIMUM 15)	DATE COMPLETED